A B	С	D	E	F	G	Н	1	J K L M N O P Q	R S
Unified Rate Review v5.2								To add a product to Worksheet 2 - Plan Product Info, select the Add Product bu	
Company Legal Name:	Aetna Life Insurance Company	,					State: KY	To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button of To validate, select the Validate button or Ctrl + Shift + I.	r Ctri + Snift + L.
HIOS Issuer ID:	39127							Il Group To finalize, select the Finalize button or Ctrl + Shift + F.	
Effective Date of Rate Change(s):	1/1/2021	_						<del></del>	
Market Level Calculations (Same for	all Plans)								1
Warket Level calculations (Same for	un riuns,								
Section I: Experience Period Data									
Experience Period:		1/1/201	to	12/31/2019					
·			<u>Total</u>	<u>PMPM</u>					
Allowed Claims Reinsurance					\$0.00 \$0.00				
Incurred Claims in Experience Period					\$0.00				
Risk Adjustment					\$0.00				
Experience Period Premium  Experience Period Member Months				76	\$0.00				
experience renou Member Months			1	70					
Section II: Projections	•	1		1		•	_		
	Experience Period Index	Year	1 Trend		Year 2 Trend	Trended EHB Allowed Claims	•		
Benefit Category	Rate PMPM	Cost	Utilization	Cost	Utilization	PMPM			
Inpatient Hospital	\$0.00				1.059 1.03				
Outpatient Hospital Professional	\$0.00 \$0.00				1.044 1.07 1.015 1.06				
Other Medical	\$0.00				1.044 1.07				
Capitation	\$0.00				1.000 1.00				
Prescription Drug Total	\$0.00 \$0.00		1.	028	1.107	\$0. \$0.			
Total	\$6.55					<b>30.</b>			
Morbidity Adjustment					1.273				
Demographic Shift Plan Design Changes					1.007 0.998				
Other					1.124				
Adjusted Trended EHB Allowed Claim	s PMPM for	1/1/202			\$0.00				
Manual EHB Allowed Claims PMPM				ŚĢ	960.38				
Applied Credibility %					0.00%				
					Products of Posts of Totals				
Projected Index Rate for		1/1/202	<u> </u>	Ś9	Projected Period Totals 960.38 \$34,573.6				
Reinsurance		3/4/=0-			\$0.00 \$0.0				
Risk Adjustment Payment/Charge				\$44.03 -\$1,585.0					
Exchange User Fees Market Adjusted Index Rate					0.00% \$0.0 004.41 \$36,158.7				
Market Adjusted Mack Nate				<b>\$2,0</b>		1			
Projected Member Months					36				
Information Not Releasable to the P	ublic Unless Authorized by Lav	w: This information has not been n	ublically disclosed and may be pri	vileged and confidential. It is for it	nternal government use only and must n	ot be disseminated, distributed, of	or copied to persons no	not authorized to receive the information. Unauthorized disclosure may result in prosecution	1
			, , ,		e full extent of the law.		- p p p	, and the second	

## **Product-Plan Data Collection**

Company Legal Name: Aetna Life Insurance Company

HIOS Issuer ID: 39127
Effective Date of Rate Change(s): 1/1/2021

## **Product/Plan Level Calculations**

## Field # Section I: General Product and Plan Information

1.1 Product Name	PPO
1.2 Product ID	39127KY007
1.3 Plan Name	Aetna Silver PPO
1.4 Plan ID (Standard Component ID)	39127KY0070013
1.5 Metal	Silver
1.6 AV Metal Value	0.690
1.7 Plan Category	Renewing
1.8 Plan Type	PPO
1.9 Exchange Plan?	No
1.10 Effective Date of Proposed Rates	1/1/2021
1.11 Cumulative Rate Change % (over 12 mos prior)	12.81%
1.12 Product Rate Increase %	12.81%
1.13 Submission Level Rate Increase %	12.81%

### Section II: Experience Period and Current Plan Level Information

2.1 Plan ID (Standard Component ID)	Total	39127KY0070013
2.2 Allowed Claims	\$0	\$0
2.3 Reinsurance	\$0	\$0
2.4 Member Cost Sharing	\$0	\$0
2.5 Cost Sharing Reduction	\$0	\$0
2.6 Incurred Claims	\$0	\$0
2.7 Risk Adjustment Transfer Amount	\$0	\$0
2.8 Premium	\$0	\$0
2.9 Experience Period Member Months	76	76
2.10 Current Enrollment	1	1
2.11 Current Premium PMPM	\$1,036.72	\$1,036.72
2.12 Loss Ratio	#DIV/0!	0.00%

#### Per Member Per Month

\$0.00	\$0.00
\$0.00	\$0.00
\$0.00	\$0.00
\$0.00	\$0.00
\$0.00	\$0.00
\$0.00	\$0.00
\$0.00	\$0.00
	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00

## Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)	39127KY0070013
3.2 Market Adjusted Index Rate	\$1,004.41
3.3 AV and Cost Sharing Design of Plan	0.8298

State:

KY

Market:

t: Small Group

3.4 Provider Network Adjustment		1.0000
3.5 Benefits in Addition to EHB		1.0000
Administrative Costs		
3.6 Administrative Expense		6.14%
3.7 Taxes and Fees		3.39%
3.8 Profit & Risk Load		4.74%
3.9 Catastrophic Adjustment		1.0000
3.10 Plan Adjusted Index Rate		\$972.19
3.11 Age Calibration Factor	0.6440	0.6440
3.12 Geographic Calibration Factor	0.7767	0.7767
3.13 Tobacco Calibration Factor	1.0000	1.0000
3.14 Calibrated Plan Adjusted Index Rate		\$486.28
Continue IV. Provinctor d Plant Land Information		
Section IV: Projected Plan Level Information 4.1 Plan ID (Standard Component ID)	Total	39127KY0070013
· · · · · · · · · · · · · · · · · · ·		3312/K100/0013
4.2 Allowed Claims	¢21 571	¢21 E71
4.2 Allowed Claims	\$34,574	\$34,574 \$0
4.3 Reinsurance	\$0	\$0
4.3 Reinsurance 4.4 Member Cost Sharing	\$0 \$5,886	\$0 \$5,886
4.3 Reinsurance 4.4 Member Cost Sharing 4.5 Cost Sharing Reduction	\$0 \$5,886 \$0	\$0 \$5,886 \$0
4.3 Reinsurance 4.4 Member Cost Sharing 4.5 Cost Sharing Reduction 4.6 Incurred Claims	\$0 \$5,886 \$0 \$28,688	\$0 \$5,886 \$0 \$28,688
4.3 Reinsurance 4.4 Member Cost Sharing 4.5 Cost Sharing Reduction	\$0 \$5,886 \$0 \$28,688 -\$1,315	\$0 \$5,886 \$0 \$28,688 -\$1,315
4.3 Reinsurance 4.4 Member Cost Sharing 4.5 Cost Sharing Reduction 4.6 Incurred Claims 4.7 Risk Adjustment Transfer Amount 4.8 Premium	\$0 \$5,886 \$0 \$28,688	\$0 \$5,886 \$0 \$28,688
4.3 Reinsurance 4.4 Member Cost Sharing 4.5 Cost Sharing Reduction 4.6 Incurred Claims 4.7 Risk Adjustment Transfer Amount	\$0 \$5,886 \$0 \$28,688 -\$1,315 \$34,996	\$0 \$5,886 \$0 \$28,688 -\$1,315 \$34,996
4.3 Reinsurance 4.4 Member Cost Sharing 4.5 Cost Sharing Reduction 4.6 Incurred Claims 4.7 Risk Adjustment Transfer Amount 4.8 Premium 4.9 Projected Member Months	\$0 \$5,886 \$0 \$28,688 -\$1,315 \$34,996	\$0 \$5,886 \$0 \$28,688 -\$1,315 \$34,996
4.3 Reinsurance 4.4 Member Cost Sharing 4.5 Cost Sharing Reduction 4.6 Incurred Claims 4.7 Risk Adjustment Transfer Amount 4.8 Premium 4.9 Projected Member Months 4.10 Loss Ratio	\$0 \$5,886 \$0 \$28,688 -\$1,315 \$34,996	\$0 \$5,886 \$0 \$28,688 -\$1,315 \$34,996
4.3 Reinsurance 4.4 Member Cost Sharing 4.5 Cost Sharing Reduction 4.6 Incurred Claims 4.7 Risk Adjustment Transfer Amount 4.8 Premium 4.9 Projected Member Months 4.10 Loss Ratio Per Member Per Month	\$0 \$5,886 \$0 \$28,688 -\$1,315 \$34,996 36 85.17%	\$0 \$5,886 \$0 \$28,688 -\$1,315 \$34,996 36 85.17%
4.3 Reinsurance 4.4 Member Cost Sharing 4.5 Cost Sharing Reduction 4.6 Incurred Claims 4.7 Risk Adjustment Transfer Amount 4.8 Premium 4.9 Projected Member Months 4.10 Loss Ratio Per Member Per Month 4.11 Allowed Claims	\$0 \$5,886 \$0 \$28,688 -\$1,315 \$34,996 36 85.17%	\$0 \$5,886 \$0 \$28,688 -\$1,315 \$34,996 36 85.17%
4.3 Reinsurance 4.4 Member Cost Sharing 4.5 Cost Sharing Reduction 4.6 Incurred Claims 4.7 Risk Adjustment Transfer Amount 4.8 Premium 4.9 Projected Member Months 4.10 Loss Ratio Per Member Per Month 4.11 Allowed Claims 4.12 Reinsurance	\$0 \$5,886 \$0 \$28,688 -\$1,315 \$34,996 36 85.17% \$960.38 \$0.00	\$0 \$5,886 \$0 \$28,688 -\$1,315 \$34,996 36 85.17% \$960.38 \$0.00
4.3 Reinsurance 4.4 Member Cost Sharing 4.5 Cost Sharing Reduction 4.6 Incurred Claims 4.7 Risk Adjustment Transfer Amount 4.8 Premium 4.9 Projected Member Months 4.10 Loss Ratio Per Member Per Month 4.11 Allowed Claims 4.12 Reinsurance 4.13 Member Cost Sharing	\$0 \$5,886 \$0 \$28,688 -\$1,315 \$34,996 36 85.17% \$960.38 \$0.00 \$163.49	\$0 \$5,886 \$0 \$28,688 -\$1,315 \$34,996 36 85.17% \$960.38 \$0.00 \$163.49
4.3 Reinsurance 4.4 Member Cost Sharing 4.5 Cost Sharing Reduction 4.6 Incurred Claims 4.7 Risk Adjustment Transfer Amount 4.8 Premium 4.9 Projected Member Months 4.10 Loss Ratio Per Member Per Month 4.11 Allowed Claims 4.12 Reinsurance 4.13 Member Cost Sharing 4.14 Cost Sharing Reduction	\$0 \$5,886 \$0 \$28,688 -\$1,315 \$34,996 36 85.17% \$960.38 \$0.00 \$163.49	\$0 \$5,886 \$28,688 -\$1,315 \$34,996 36 85.17% \$960.38 \$0.00 \$163.49 \$0.00

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.

To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.

To validate, select the Validate button or Ctrl + Shift + I.

To finalize, select the Finalize button or Ctrl + Shift + F.

To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shif To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

Shift			

# **Rating Area Data Collection**

Specify the total number of Rating Areas in your State by selecting the Create Rating Areas Select only the Rating Areas you are offering plans within and add a factor for each area. To validate, select the Validate button or Ctrl + Shift + I.

To finalize, select the Finalize button or Ctrl + Shift + F.

Rating Area	Rating Factor
Rating Area 3	1.1200
Rating Area 4	1.3300
Rating Area 5	1.1857
Rating Area 6	1.3000
Rating Area 7	1.4637
Rating Area 8	1.3700

button or Ctrl + Shift + R.